

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **PLANNED PARENTHOOD ACTION FUND INC.**(b) Address (number and street) ☐ check if different than previously reported  
434 WEST 33RD STREET(c) City, State and ZIP Code  
NEW YORK NY 10001

(d) Name of Employer or Principal Place of Business (e) Occupation

**2. FEC Identification Number****C** C30001945**3. Is This Statement**☐ **New**

or

☒ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2012

through

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2012**5. (a) Date of Public Distribution(s)** M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2012 **(b) Communication Title** Use It**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Rachel Fleischer

(b) Address (number and street)

434 West 33rd Street

(c) City, State and ZIP Code

New York

NY 10001

(d) Name of Employer or Principal Place of Business

Planned Parenthood Action Fund

(e) Occupation

Managing Director Communications

**9. Total Donations This Statement**

.00

**10. Total Disbursements/Obligations This Statement**

36168.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM** Schifeling Deirdre**SIGNATURE** Schifeling Deirdre**[Electronically Filed] DATE** 04/13/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.